

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033081

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED

Registration District No. 317Primary Registration District No. 547Registrar's No. 2401

SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond Heights</u>		c. CITY OR TOWN <u>Affton, Mo.</u>	
Length of stay in 1b <u>WKS.</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>9743 Grantview La</u>	
3. NAME OF DECEASED (Type or print) First <u>LULU</u> Middle <u>BATEK</u> Last <u>BATEK</u>		4. DATE OF DEATH Month <u>8</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/15/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jefferson County</u>	
13a. FATHER'S NAME <u>Joseph Schumacher</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schoen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Virginia Hilgert, Box 335 House Springs, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Metastases</u> DUE TO (b) <u>Carcinoma of the Breast</u> DUE TO (c) <u>3 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:30</u> a.m. <u>p.m.</u> Month, Day, Year <u>November 1961</u> to <u>present</u>		20f. CITY, TOWN, OR LOCATION <u>House Springs, Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>House Springs, Mo.</u>	
21. I attended the deceased from <u>November 1961</u> to <u>present</u> and last saw her alive on <u>8-17-62</u> Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Beckard F. Sturke MD</u>	
22b. ADDRESS <u>634 No Grand</u>		22c. DATE SIGNED <u>8-15-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-20-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Our Lady Queen Of Peace</u>	23d. LOCATION (City, town, or county) (State) <u>House Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>John L. Ziegenhein &amp; Sons, 7027 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.